Arkansas Employment Security Department APPLICATION FOR UNEMPLOYMENT INSURANCE 1	READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM				
1. FIRST NAME: MIDDLE INITIAL: LAST NAME:	2. SOCIAL SECURITY NUMBER: Office Use Only: SSN Verified: L.O.#				
3. MAILING ADDRESS:		4. TODAY'S DATE: MONTH: DAY: YEAR:			
CITY: STATE: ZIP COD	E: 5. C	OUNTY: 6. PHONE: ()			
*7. CIRCLE 1 White-Non Hispanic 2 Black-Non Hispanic 3 Hispanic 8. Male 4 American Indian or American Native 5 Asian or Pacific Islander 6 Other Female 4 Yes No					
10. Are you a Citizen of the United States? 11. Date of Mo Birth:	Day Year	Education: FOR STATISTICAL PURPOSES			
Yes No 13. If not a citizen, were you legally author the past 18 months? If Yes, Permit No.:		the United States during OFFICE USE ONLY: Verification Code (0,1,2):			
Yes No 14. Have you worked in Federal Employment					
Yes No 15. Have you had active Military Service in		-			
Yes No 16. Have you filed an unemployment insur	rance claim in a	ny state in the past 12 months? (Including Arkansas)			
Yes No 17. Have you worked in another state in the					
		om your weekly benefit payment? (See instructions)			
LAST EMPLOYER (THE ONE YOU PRESE	NTLY WORK FO				
19. EMPLOYER NAME:		OFFICE USE ONLY EMPLOYER ACCT. NUMBER:			
20. MAILING ADDRESS:		PHONE:			
CITY:	STATE:	ZIP CODE:			
21. Period of Employment Original Hire Date:		Date Last Work Ended:			
22. Was your Last Work (check one): Full Time (40 hrs)		ess than 40 Hours) Temporary (120 days or less)			
23. Type of Separation (check one): Laid Off Quit	Discharge	Reduced from Full Time (40 Hrs) Suspension Other			
24. Reason for Separation:	1 11-4 - 1 1-1 14-				
Yes No 25. Have you had work of any kind since w					
Yes No 26. Are you entitled to or are you receiving	g any vacation, r				
Yes No 27. Can you begin work immediately?	Les transportet	28. Can you work Full Time? Yes No			
☐ Yes ☐ No 29. Do you have transportation to a job or has transportation to a job been arranged?					
☐ Yes ☐ No 30. Do you have any disabilities that limit your ability to work?					
 Yes □ No 31. Have you refused any job since you became unemployed? Yes □ No 32. Are you self-employed, working on a commission or farming? 					
		-			
 Yes No No Are you receiving or have you applied for a pension, annuity, or retirement from former employers? Yes No Are you attending or planning on attending school? 					
Yes No 35. Do you have children/others that require care? If Yes, have arrangements for their care been made? Yes No					
☐ Yes ☐ No ☐ So. Do you obtain work through a Union? If Yes, are your dues paid? ☐ Yes ☐ No ☐ If Yes, enter name, local number, name of business agent and address of your Union.					
37. How did you get your 1 Employment Security Dept. 1 Security Dept. 2 Union 1 Employment Security Dept. 3 Union 1 Employment Security D	. <u>2</u> In person <u>6</u> Tempora				
38. What kind of work did you do on your last job?					
39. What was your rate of pay on your last job? \$		hours did you work? From: To:			
Yes No 41. Are you scheduled to return to work on					
☐ Yes ☐ No 42. Are you on a Seasonal layoff? Are you on an indefinite layoff? ☐ Yes ☐ No					
I hereby register for work and file notice of my unemployment and request a determination of my benefit rights under Arkansas Employment Security Law. I certify the information given on this form is correct and understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain benefits.					
43. CLAIMANT SIGNATURE (DO NOT PRINT): 44. DATE SIGNED:					
LOCAL OFFICE USE ONLY					
BYE CO/RES: CO/LAST WRK: REG					
☐IC ☐AC ☐ RC ☐ TC REASON FOR RC:		OCC. CODE:			
☐ TOTAL ☐ PARTIAL FUND (RB, EB, EUC): ☐ MA					
RETURN DATE: TIME: AM/PM					
☐ 501(3)(S)/WS EXEMPT. LETTER ON FILE ☐ IPRCH VERIFIE ☐ BRI INSTRUCTIONS ISSUED ☐ LAST WORK VERIFIED POST MARK DATE:	INTERVIEWER S	RMATION HANDBOOK & ARKLINE PAMPHLET ISSUED			

INSTRUCTIONS FOR COMPLETION OF THE FORM

A claim may be filed in person, OR you can also mail the completed form to your nearest local Employment Security Department office. The following situations require filing a claim in person because of the need to complete additional documents:

- (a). If you have had Federal Military Service in the last 18 months, you must file your claim IN PERSON and you will need to provide a copy of your DD-214, Member 4. If you do not have a copy, the local office can complete a written request to the Branch of Service for another copy.
- (b). If you have worked in Federal Civilian Employment in the last 18 months, you must file your claim IN PERSON, and bring your SF-8 or SF-50 if one was issued. Also you may bring any proof of earnings (check stubs, W-2, etc.) for this Federal Employer if you have it so an affidavit of wages can be completed.

REGULATIONS ON FILING CLAIMS

An application for unemployment benefits will be effective with the week it is filed, either in person or by postmark if mailed. However, backdating of the claim to a prior week or weeks may be requested. The following <u>Regulations</u> apply when a claimant requests the claim be effective during a prior week.

As per **Regulation 14(b) (G)**: If it is determined by the Agency that a delay in filing of any claim was due to good cause, it may be considered to have been filed on a date no earlier than fourteen (14) days prior to the date of the claim, if filed in person, was received by the Agency or, if filed by mail, was postmarked.

As per **Regulation 14(b)(H)**: A claim based on partial unemployment shall be considered to have been filed on a date which will permit the claimant to claim a week of partial unemployment within fourteen (14) days of the date wages were paid for such partial unemployment. An individual shall be considered partially unemployed when he/she is working less than full time and wages payable to him/her are less than one hundred and forty percent (140%) of his/her weekly benefit amount.

SOCIAL SECURITY NUMBER REQUIREMENT/DISCLOSURE OF INFORMATION NOTICE

The Deficit Reduction Act of 1984 (P-L-98-369) makes it mandatory as a condition of eligibility, that every individual making a claim for unemployment compensation furnish his/her social security number. Your claim for benefits will not be processed unless you provide your social security number on, or for inclusion on, the claim form you file with this Agency. Your social security number is also mandated under authority of Sections 6011(a), 6050 B and 6109(a) of the Internal Revenue Code and will be used to report your unemployment compensations to the Internal Revenue Service as income that may be taxable. Information available from the files of the Arkansas Employment Security Department pertaining to wages or unemployment benefits may be requested for use in establishing or verifying eligibility or benefit amounts by public agencies under the Aid to Families with Dependent Children, Food Stamp, Medicaid, Supplemental Security Income, Social Security, Old Age and Survivors Insurance, Aid to the Blind and Aid to the Permanently and Totally Disabled Programs and to assist in the Administration of the Child Support and Enforcement of Paternity Programs.

INCOME TAX WITHHOLDING PROGRAM

Unemployment benefits are subject to Federal Income Taxes. Arkansas Employment Security Department offers claimants the option of having *10% of their weekly benefit amount deducted for payment of Federal Income Tax. If you choose to have income tax deducted, you will not be required to make a quarterly estimated tax payment on the income you receive from UI benefits. If you do not chose the weekly income tax deduction, you should consult the IRS, or the person who prepares your taxes, for instructions necessary to make your quarterly estimated tax payment. After you have made your original decision on your withholding status, you may change your decision one time during your benefit year. If you wish to make this change, contact your local office.

*	The 10% reduction will only be made after amounts are deducted and withheld for any UI overpayments, child support
	obligations, or any other amounts required to be deducted and withheld under ESD law. If, after these priority deductions
	have been made, there is not enough money left over to pay the income tax amount in full, then no income tax deduction will
	be made during that week.

LOCAL OFFICE ADDRESS			